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May 16, 2012

Director, Air Protection Division
1650 Arch Street
Philadelphia, PA 19103-2029

Subject: Virginia City Hybrid Energy Center (VCHEC)
40 CFR Part 63 Subpart ZZZZ Notification

Director, Air Protection Division:

The federal regulation 40 CFR Part 63 ZZZZ requires notification for the emergency diesel generator at the VCHEC power generation facility. The attached form provides the information required for notification. The generator operates exclusively as an emergency stationary engine.

If you have questions, please do not hesitate to contact Mr. Laurence Labrie at (804) 273-3075 or at Laurence.A.Labrie@dom.com or me at (804) 273-3010 or at Robert.M.Bisha@dom.com.

Very truly yours,

A handwritten signature in blue ink that reads "Robert M. Bisha".

Robert M. Bisha
Director - Environmental Business Support

Enclosure

cc: Crystal Bazyk, Virginia DEQ

RECEIVED
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2012

Initial Notification Form
[40 CFR 63.9(b)(2)]¹

Applicable Rule: 40 CFR part 63, subpart ZZZZ – National Emission Standards for Hazardous Air Pollutants for Stationary Reciprocating Internal Combustion Engines (RICE MACT)

Please read the rule for details on requirements and deadlines. Notification requirements are found in §63.6645 of subpart ZZZZ and §63.9 of the General Provisions as noted.

Please note that you are not required to use this form and may submit the required information in a letter. However, all required information must be submitted by the following initial notification deadlines:

- **December 13, 2004** for sources whose startup occurs before August 16, 2004; OR
- **Not later than 120 days after startup**, if startup occurs on or after August 16, 2004.

Please print or type the following information for each source subject to the RICE MACT.

1. Name and Address of Facility Owner [40 CFR §63.9(b)(2)(i) and (ii)]

Name of Facility: Virginia City Hybrid Energy Center

Name of Owner/Operator: Dominion Virginia Power

Mailing Address: 3425 Russell Creek Road

City: St. Paul County: Wise State: VA Zip Code: 24283

Physical Location (if different from mailing address)

Street Address: same as mailing address

City: _____ County: _____ State: _____ Zip Code: _____

Contact Person: Laurence Labrie Phone Number: (804) 273-3075

Email: laurence.a.labrie@dom.com

2. Is the facility a Major Source [40 CFR §63.9(b)(2)(v)]? ☒ Yes ☐ No*

*(The facility is considered an area source and does not need to submit this form)

2a. Do you intend to accept enforceable permit limits to reduce emissions of hazardous air pollutants (HAP) to less than major source levels prior to the MACT compliance date(s) for engines at this facility? ☐ Yes* ☒ No

*If yes, please attach a description of the action(s) planned to achieve non-major status. NOTE: The description of action(s) planned to achieve non-major status is provided for information only and is not binding. If you take federally enforceable permit limits, prior to the subpart ZZZZ compliance date, to reduce total HAP emissions from your facility such that you are not longer a major source (as defined in 40 CFR §63.2), engines located at your facility will not be subject to the subpart (refer to the instructions).

¹ This form should be completed and submitted for new engines with a site rating greater than 500 horsepower (hp) that are located at major sources of HAP emissions. You are also required to submit this form for existing spark ignition 4-stroke rich burn engines with a site rating greater than 500 HP that are located at major sources of HAP emissions.

3. Relevant standard and compliance date [40 CFR §63.9(b)(2)(iii)]

This facility operates RICE that are subject to 40 CFR part 63, subpart ZZZZ (check one): ☒ Yes ☐ No

Subpart ZZZZ requires you to submit an initial notification for new engines with a site rating greater than 500 horsepower (hp) that are located at major sources of HAP emissions. You are also required to submit an initial notification for existing spark ignition 4-stroke rich burn engines with a site rating greater than 500 HP that are located at major sources of HAP emissions. Therefore, it is not necessary to list all engines located at a given facility. Complete the following table for each engine for which initial notification is required under 40 CFR part 63, subpart ZZZZ (attach additional copies of this page as needed).

Engine ID	Engine Description		Site-Rated Horsepower (hp)	Existing/New/Reconstructed ^a	Subpart ZZZZ Subcategory ^b	Subpart ZZZZ Compliance Date	Initial Notification Only? ^c
	Manufacturer	Model					
EDG	Cummins	QSK23 - G7 NR2	1,220	New	Emergency	2/3/2012	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					Stationary		<input type="checkbox"/> Yes <input type="checkbox"/> No
					RICE		<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

^a Refer to the definition for existing, new, and reconstructed included in the instructions for this form.

^b Use the subcategories included in the instructions for this form.

^c If yes, attach rationale to explain why each engine had no additional requirements under subpart ZZZZ (e.g., engine operates as an emergency stationary RICE).

4. For the stationary RICE listed in question 3, provide a list of the HAP emitted [40 CFR §63.9(b)(2)(iv)].

- | | |
|------------------------|-----------|
| 1. <u>formaldehyde</u> | 7. _____ |
| 2. <u>acrolein</u> | 8. _____ |
| 3. <u>methanol</u> | 9. _____ |
| 4. <u>acetaldehyde</u> | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

5. Signature

I certify that the information contained in this form to be accurate and true to the best of my knowledge.

Authorized Signature



Typed or Printed Name of Signatory Robert McKinley

Title of Signatory VP Generation Construction

Date

5/18/2012

Please mail this completed form to both your State Air Pollution Control Office
and your EPA Regional Office